

<h1 style="margin: 0;">CLAIMS ONLY</h1>				Application Number <div style="font-size: 1.5em; font-family: cursive;">10-862822</div>		Filing Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
				Applicant(s)			
				* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	1						
Total Depend	11						
Total Claims	12						